

JUN 7 2003 IN THE UNITED STATES PA	TENT AND TRADEMARK OFFICE
JUN 2 PROUS FROM: "WAVELENGTH DIVISION MULTI	Docket No: 60617.300901 Group Art Unit: 2874 Examiner: Connelly Cushwa, Michelle R. PLEXING AND DE-MULTIPLEXING
P.O. Box 1450 Alexandria, VA 22313-1450	JUN 23 2003 JUN 23 2003 IITTAL e Action and Amendment for this application. US
Applicant is a small entity. other than a small entity. EXTENSION (Applicant petitions for an extension of time und of months checked below: Extension	
Extension (months) The for other than small entity one month two months three months four months four months four months 110.00 \$410.00 \$930.00 \$1,450.00	Fee for <u>small entity</u> \$ 55.00 \$205.00 \$465.00
If an additional extension of time is required please An extension for months therefor of \$ is deducted fi of extension now requested.	\$725.00

Extension fee due with this request \$_

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on June 17, 2003, P.O. Box 1450, Alexandria, VA 22313-1450.

CERTIFICATE OF MAILING (37 CFR 1.8(a))

P.O. Box 1450, Alexandria, VA 22313-1450.

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X

Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

 \square The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		OR		ER THAN A LL ENTITY	
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee		Rate	Addit. Fee		
Total	Minus *0*	=		x9=	\$		x18=	\$	
Indep.	Minus *0*	=		x42=	\$		x84=	\$	
☐ FIRST	PRESENTATION OF MULT	IPLE DEP. CLAIM	1	+140=	\$		x280=	\$	
				TOTAL ADDIT. FEE	\$	OR	TOTAL ADDIT. FEE	\$	

⊠ □	No additional fee for claims required. Total additional fee for claims required \$					
	FEE PAYMENT					
0	Attached is a check in the sum of \$ Charge Account No. 08-3240 the sum of \$ A duplicate of this transmittal is attached.					
FEE DEFICIENCY						
X	In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 08-3240. A duplicate of this authorization is enclosed for that purpose.					
X	Attached is a postcard for date-stamped return as confirmation of receipt of these materials.					
Date: June 17, 2003 RAYMOND E. ROBERTS						

Reg. No. 38,597

IPLO®

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